

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7018**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1444**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. CITY b. COUNTY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY c. CITY OR TOWN d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location)									
a. CITY St. Louis b. COUNTY St. Louis c. LENGTH OF STAY 2029 d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.			a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 5366 Cabanne Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) D. c. (Last) Woodward		4. DATE OF DEATH (Month) (Day) (Year) 2 13 54		5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 17 1925	9. AGE (In years last birthday) 28 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) Steele Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm. Woodward			13b. MOTHER'S MAIDEN NAME Lola McCollum			14. NAME OF HUSBAND OR WIFE Dorothy Woodard						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Woodward 5366 Cabanne Ave.								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suffocation from drowning</i> ANTECEDENT CAUSES DUE TO (b) <i>suffered when deceased was found in a bog in Forest Park about 10:40 AM Feb. 13, 1954</i> DUE TO (c) <i>suicide</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Forest Park</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2/13/54 11:40 AM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>See above</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <i>Patrick L. Taylor Coroner</i>						23b. ADDRESS 1300 Clark Ave.			23c. DATE SIGNED 2-15-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-15-54		24c. NAME OF CEMETERY OR CREMATORY Memorial		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.						
DATE REC'D BY LOCAL REG. FEB 15 1954		REGISTRAR'S SIGNATURE <i>J. Cash Smith MD</i>				25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.						

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Tanner*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.